

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

07/421633

10-12-87

APPLICANT(S)

Alain Chabrier

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		2		1		
5		2		3		
6		0		3		
7		0		3		
8		0		3		
9		0		3		
10		0				
11		0		1		
12		0		3		
13		0		3		
14		0		3		
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50						
TOTAL ID.	1		1			
TOTAL EP.	13	15	24			
TOTAL CLAIMS	14	16	25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						